



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

22

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Dillinger Election Committee

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

( 317 ) 574-0700

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

9247 N. Meridian St., Suite 101

5. City, State, ZIP Code

Indianapolis, In. 46260

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Steven C. Dillinger

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

Hamilton County Commissioner

10. County of Residence

Hamilton

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: May 14, 2012

Through: October 12, 2012

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

86,243.15

14. Cash on hand and investments January 1, current year.

124,761.69

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0.00

2,250.00

15b. Unitemized

100.00

100.00

15c. Add lines 15a and 15b in both columns

SUBTOTAL

100.00

2,350.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

86,343.15

127,111.69

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

44,345.97

85,114.51

17b. Unitemized

836.43

836.43

17c. Add lines 17a and 17b in both columns

SUBTOTAL

45,182.40

85,950.94

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

41,160.75

41,160.75

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

ION

KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

reasurer

Date

10-12-12

Date

10-18-12

sed for any commercial purpose. (IC 3-9-4-5) A person who knowingly fails to file a complete or accurate report as required by the Indiana e subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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## INSTRUCTIONS FOR COMPLETING THIS FORM

This form consists of a summary sheet together with five schedules for itemized reporting. The form is to be filled out by treasurers of all committees to report receipts and expenditures in compliance with IC 3-9-5.

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly **IN BLACK INK** all information required. All previous versions of State Form 4606 are obsolete and cannot be used. (IC 3-5-4-8) **TO AVOID PENALTIES THIS FORM MUST BE FULLY COMPLETED.** You must complete each item on this form, including ALL SPACES in Column B, Calendar Year-to-Date.

### SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES AND CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to all statewide candidates as well as any political action committee that (1) is required to file with the Election Division and (2) which received more than \$50,000 in contributions since the close of the previous reporting period. This form must be filed electronically with the Election Division. Contact the Election Division at 317-234-9441 for more information.

**FILE NUMBER:** Enter the previously assigned Election Division or County Election Board file number.

**TOTAL PAGES:** Enter the total number of pages of the entire CFA-4 report, including any attached schedule.

**IS THIS AN AMENDMENT?** Check "Yes" if this report is to correct or change information submitted in a previous report; otherwise check "No."

**ITEM 1:** Enter the full name of the candidate and party on its Statement of Organization (Form CFA-1, CFA-2, or CFA-3). If this is a new name.

**ITEM 2:** Enter the acronym or abbreviation used. For example: W-PAC.

**ITEM 3:** Enter the committee telephone number, including area code. (This will typically be the committee's desk or answering machine number.)

**ITEM 4:** Enter the mailing address of the committee. All correspondence with the committee relative to filing and the Campaign Finance Act will be mailed to this address, unless a different address is specified. Check box if this is a new address.

**ITEM 5:** Enter the committee's city, state, and ZIP code. If known, include ZIP plus four.

**ITEM 6:** If the committee supports the political goals of a particular political party, enter the party affiliation.

**ITEM 7:** Enter the full name of the candidate and include any nickname, particularly if the candidate's nickname is not on the ballot.

**ITEM 8:** If the candidate supports the political goals of a particular political party, enter the party affiliation. If the candidate is not affiliated with a political party enter "independent." If the candidate is running to retain an incumbent (such as a justice or judge), enter "independent candidate." A write-in candidate should follow the same procedure and enter either a political party or "independent candidate." If a write-in, ENTER "write-in."

**ITEM 9:** enter the full name of the official elected by the candidate (include district number, if any). If the candidate is a State Senator, District \_\_\_\_\_, "\_\_\_\_\_" County \_\_\_\_\_, "\_\_\_\_\_" City Council, District \_\_\_\_\_, "\_\_\_\_\_" Not required for candidates of an exploratory committee.

**ITEM 10:** Enter the candidate's county of residence.

**ITEM 11:** Check the appropriate box for the type of report. A candidate should check "nomination" if the candidate was nominated as a minor party or independent candidate. If the candidate was selected by a major party to fill a vacancy, check "primary" or "primary"; or if the candidate is a write-in candidate, check "write-in."

A Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "pre-convention" or "post-convention" report. Statewide candidates filing a quarterly report should check "Other" and indicate "Quarterly."

**ITEM 12:** Enter the appropriate dates for the type of report checked in ITEM 11. These reporting and filing dates are prescribed by Indiana Code (IC) 3-9-5.

**ITEM 13:** Enter the amount of cash on hand and investments (as described in ITEM 14) at the beginning of the particular reporting period. If a previous report has been filed using this form, this figure will be the same as that reported on ITEM 18 of the report.

**ITEM 14:** Enter the amount of cash on hand and investments (including funds in checking and savings account) on January 1. This amount is NOT the amount on hand at the beginning of any later reporting period.

"Cash on hand" also includes any certificates of deposit or other "cash equivalent" that can be readily converted to cash within 90 days. Include in total investments things such as money market accounts, stocks, bonds, and mutual fund accounts.

If the committee was not in existence on January 1 of the reporting year, the treasurer should report zero on ITEM 14 in Column B.

**ITEM 15a:** Enter all itemized individual contributions from all persons including in-kind and transfer-in. This figure will be the total of all pages of Schedule A. Column A is for reporting total contributions for the current reporting period, Column B is for total contributions calendar year-to-date. Contributions exceeding more than \$100 (\$200 if regular party committee) must be itemized. All transfers-in must be itemized on Schedule A regardless of the amount.

**ITEM 15b:** Enter all unitemized individual contributions from all persons (including in-kind). This includes contributions not itemized under 15a.

**ITEM 15c:** Enter the sum of ITEMS 15a and 15b in both Column A and B.

**ITEM 16:** Enter the sum of ITEMS 13 and 15c in Column A. Enter the sum of 14 and 15c in Column B.

**ITEM 17a:** Enter all itemized expenditures, transfer-out and in-kind expenses. This figure will be the total of all pages of Schedule B and Schedule C. Use Column A to report total expenditures for the current reporting period. Use Column B to report total itemized expenditures calendar year-to-date. Expenditures exceeding more than \$100 (\$200 if a regular party committee) must be itemized. All transfers-out must be itemized on Schedule B regardless of amount.

**ITEM 17b:** Enter all unitemized expenditures and in-kind expenses. This includes expenditures not itemized under 17a.

**ITEM 17c:** Enter the sum of ITEMS 17a and 17b in BOTH Column A and B.

**ITEM 18:** Subtract ITEM 17c from ITEM 16 in both Column A and B.

**ITEM 19:** Enter the total debts and loans OWED BY the committee as itemized on Schedule D. This includes debts such as accounts payable, credit card purchases IF made with a credit card issued in the name of the committee and loans from a lending institution or another entity.

**ITEM 20:** Enter the total debts OWED TO the committee as itemized on schedule E. This includes a loan payable to the committee.

**CERTIFICATION:** The treasurer of the committee must sign this report. A person other than the treasurer may sign this report if a copy of the power of attorney signed by the treasurer authorizing the individual to sign is filed with the CFA-4. If a candidate's committee is completing this report and a person other than the candidate serves as treasurer, this report must be signed by both the candidate and treasurer.

**WARNING:** Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4, IC 3-9-1-12)

**NOTICE:** Contact the Election Division or your County Election Board if you have any questions.



(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sale of property, etc.) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200, if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME FULL MAIL (street, number, city, state, zip)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
Contributor's Occupation (if required)				
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
Contributor's Occupation (if required)				
GRAND TOTAL THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (ON THE LAST PAGE ONLY)		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (ON THE LAST PAGE ONLY)		ITEM 15a of the Summary Sheet		

## INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

### CONTRIBUTOR'S NAME, MAILING ADDRESS AND OCCUPATION:

**NOTE:** Only list a contributor on this schedule if the contributor is an individual.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (*including in-kind*) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

### ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

**IMPORTANT:** When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

**OCCUPATION:** Enter the occupation of any individual who has made aggregate contributions of at least \$1,000 during the calendar year. Occasional information for other contributors is optional. Examples: "Attorney", "Banker", "Engineer", **NOT** "consultant."

**TYPE OF CONTRIBUTION OR OTHER RECEIPT:** Check the appropriate box. For in-kind contributions describe the general product or service provided (*such as yard signs, bumper stickers, or mailings, etc.*). For "miscellaneous", be as specific as possible.

**COLUMN A AMOUNT THIS PERIOD:** Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

**COLUMN B CUMULATIVE YEAR TO DATE:** Enter the cumulative contributions, including in-kind, transfers-in, or other receipts calendar year to date.

**On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.**

**DATE RECEIVED:** Enter the month and year the contribution was received. For checks and money orders indicate the date the committed deposit to the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-21-1)

**RECEIVED BY:** Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

**SUBTOTAL THIS PAGE (IF CHECKED):** Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure will be the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

**TOTAL OF ALL PAGES (IF CHECKED):** **ON THE LAST PAGE ONLY:** Enter (*ON THE LAST PAGE ONLY*) the total amount of all pages on Schedule A. This is the figure on ITEM 15a of the Summary Sheet.



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (2012/13/14)  
Indiana Election Code Article 10, § 9-5-13

(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ILE A-15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER
Page 1 of 1

CONTRIBUTOR FULL NAME (street, number, city, state, zip)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
GRAND TOTAL THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ILE A-15a of the Summary Sheet)		\$ 0.00		

## INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

### CONTRIBUTOR'S NAME AND MAILING ADDRESS:

**NOTE: Only list a contributor on this schedule if the contributor is a corporation.**

**Not every business** is a corporation. A corporation has articles of incorporation, and is registered with the Indiana Secretary of State (or with the equivalent agency in another state). See [www.in.gov/sos/business/corps/searches.html](http://www.in.gov/sos/business/corps/searches.html) for information on Indiana corporations.

A limited liability company (LLC), limited liability partnership (LLP), partnership, or a sole proprietorship is **NOT** a corporation. The federal concept of a professional corporation (as a *professional corporation* or *Subchapter S corporation*, for example) has no effect on the reporting of the corporation's contributions. If you are uncertain whether a contribution is from a corporation, contact the contributor for clarification regarding the status of the contributor.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

### ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes all those that have paid interest to a committee's account.

**IMPORTANT:** When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

**TYPE OF CONTRIBUTION OR OTHER RECEIPT:** Check the appropriate box. For in-kind contributions describe the general product or service provided (e.g., *third signs, bumper stickers or mailings, etc.*). For "miscellaneous", be as specific as possible.

**COLUMN A AMOUNT THIS YEAR:** Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

**COLUMN B CUMULATIVE RECEIPTS:** Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year to date.

**On the first report of any calendar year, the entry in column B is the same as the entry in Column A.**

**DATE RECEIVED:** Enter the date the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the date received are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-2-1)

**RECEIVED BY:** Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

**SUBTOTAL THIS PAGE:** Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE A.

**TOTAL OF ALL PAGES OF SCHEDULE A:** **THE LAST PAGE ONLY:** Enter (ON THE LAST PAGE ONLY) the total amount of all pages of Schedule A. This is the figure on ITEM 15a of the Summary Sheet.



(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

FILE NUMBER

Page 1 of 1

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For instructions in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

CONTRIBUTOR FULL NAME (street, number, city, state, zip)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (to be totaled on the Summary Sheet)		\$ 0.00		

## INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

### CONTRIBUTOR'S NAME AND MAILING ADDRESS:

**NOTE:** Only list a contributor on this schedule if the contributor is a labor organization.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (*including in-kind*) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

### ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

**IMPORTANT:** When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

**TYPE OF CONTRIBUTION OR OTHER RECEIPT:** Check the appropriate box. For in-kind contributions describe the general product or service provided (*example: board signs, bumper stickers or mailings, etc.*). For "miscellaneous", be as specific as possible.

**COLUMN A AMOUNT THIS PERIOD:** Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

**COLUMN B CUMULATIVE YEAR-TO-DATE:** Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year to date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

**DATE RECEIVED:** Enter the month, day and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-25)

**RECEIVED BY:** Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

**SUBTOTAL THIS PAGE OF SCHEDULE A:** Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

**TOTAL OF ALL PAGES OF SCHEDULE A:** **ON THE LAST PAGE ONLY:** Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.





REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transactions and in kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200, if regular party committee).

FILE NUMBER
Page 1 of 1

CONTRIBUTOR FULL NAME (or (street, number, city, state, zip))	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$	0.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter this amount on 15a of the Summary Sheet)		\$	0.00	

INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

**CONTRIBUTOR'S NAME AND MAILING ADDRESS:**

**NOTE:** Only list a contributor on this schedule if the contributor is a political action committee.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (*including in-kind*) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

ALSO

Enter the full name and mailing address of each political committee from which the political action committee received a transfer-in. All transfers-in from a political committee (*candidate's committee, legislative caucus committee, political action committee, or regular party committee*) must be itemized regardless of amount.

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes all donors that have paid interest to a committee's account.

**IMPORTANT:** When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

**TYPE OF CONTRIBUTION OR OTHER RECEIPT:** Check the appropriate box. For in-kind contributions describe the general product or service provided (*such as yard signs, bumper stickers or mailings, etc.*). For "miscellaneous", be as specific as possible.

**COLUMN A AMOUNT THIS PERIOD:** Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

**COLUMN B CUMULATIVE YEAR-TO-DATE:** Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

**DATE RECEIVED:** Enter the month, day and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

**RECEIVED BY:** Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

**SUBTOTAL THIS PAGE OF SCHEDULE A:** Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

**TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY:** Enter (*ON THE LAST PAGE ONLY*) the total amount of all pages of Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 480b (R13/11-u5)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

**INSTRUCTIONS:** LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaling on **ITEM 15** of the Summary Sheet. All cumulative contributions from other entities **OVER \$100 per contributor**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100 per contributor**, within a calendar year **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL MAILING ADDRESS (street, number, city, state, zip code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL OF THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (ON THE LAST PAGE ONLY) (Enter total amount from the Summary Sheet)		\$ 0.00		

## INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

### CONTRIBUTOR'S NAME AND MAILING ADDRESS:

**NOTE:** Only list a contributor on this schedule if the contributor is **NOT** an individual, a political action committee, a corporation, or a labor organization. A contribution from a limited liability company (LLC), limited liability partnership (LLP), partnership, or proprietorship, for example, should be listed on this schedule.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

### ALSO

Enter the full name and mailing address of each political committee from which the reporting committee received a transfer-in. All transfers-in from a political committee (*candidate's committee, legislative caucus committee, political action committee, or regular party committee*) must be itemized regardless of amount.

### ALSO

Enter the full name and mailing address of contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes individuals that have paid interest to a committee's account.

**IMPORTANT:** When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

**TYPE OF CONTRIBUTION OR OTHER BENEFIT:** Check the appropriate box. For in-kind contributions describe the general product or service provided (*stencils, yard signs, bumper stickers or mailings, etc.*). For "miscellaneous", be as specific as possible.

**COLUMN A AMOUNT THIS PERIOD:** Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

**COLUMN B CUMULATIVE YEAR TO DATE:** Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

**On the first report of each calendar year, the entry in column B is the same as the entry in Column A.**

**DATE RECEIVED:** Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contribution is received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-25)

**RECEIVED BY:** Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

**SUBTOTAL THIS PAGE OF SCHEDULE A:** Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as **TOTAL OF ALL PAGES ON SCHEDULE A.**

**TOTAL OF ALL PAGES OF SCHEDULE A (ON THE LAST PAGE ONLY):** Enter (**ON THE LAST PAGE ONLY**) the total amount of all pages on Schedule A. Enter this figure on ITEM 15a of the Summary Sheet.



**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenditures paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page 1 of 3

RECIPIENT'S NAME AND ADDRESS (street, number, city, state)	OCCUPATION (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A William Waveland, Inc Noblesville, In	ADS	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: tv ads	\$20,190.00	\$44,277.00	4/16
Code O Steve Rushforth S. 10th St. Noblesville, In.	ADS	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: house yard signs	\$2,800.00	\$3,100.00	5/9
Code C Belden For Council Wilson Dr. Carmel, In.	Political Contribution Harrison Co. Council	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Campaign Contrib.	\$250.00	\$250.00	4/16
Code A Main Street power Mailing Main St. Sheridan, In.	Political Action	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: mailers	\$2,741.04	\$2,741.04	4/17
Code A Image Builders PO Box 69 Noblesville, in	Printing	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: printing	\$1,730.12	\$2,235.58	4/18
Code O Cathy Pryor Carmel, IN	Council Member Salary	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Salary	\$4,000.00	\$6,133.56	5/11
Code A The Times Newspaper Noblesville	Printing	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Newspaper Ads	\$1,150.00	\$1,150.00	4/30
TOTAL THIS PAGE OF SCHEDULE B			\$32,861.16		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY			\$		
(Enter on ITEM 17a of the Summary Sheet)					



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> Amateur Sports Promo Quincy, Ill	Publisher	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ad	\$179.00	\$179.00	5/01
Code <u>O</u> Mattao's Restaurant Noblesville	Restaurant	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign Party	\$1,151.42	\$1,151.42	5/09
Code <u>O</u> Steven C. Dillinger Noblesville	Candidate Hamilton Co. Commissioner	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: reimburse exp printing	\$6,985.39	\$6,985.39	5/17
Code <u>A</u> NEFL Golf Outing Noblesville	Charity	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: advertisement	\$200.00	\$200.00	5/24
Code <u>A</u> Current Newspaper Carmel	Newspaper	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: advertisement	\$2,074.00	\$2,074.00	6/06
Code <u>A</u> Noblesville Grinders Noblesville	Football League	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ad	\$250.00	\$250.00	8/07
Code _____ Intentionally left blank		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$0.00	\$0.00	
SUBTOTAL THIS PAGE OF SCHEDULE B			\$10,839.81		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <small>(be specific)</small>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <small>(if applicable)</small>				
Code <u>A</u> Hamilton Co. Republican Party Fishers, In	Political Party	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: advertisement	\$250.00	\$250.00	8/21
Code <u>A</u> Noblesville Chamber of Commerce Noblesville	Chamber organization	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ad\ dues for campaign	\$260.00	\$260.00	8/22
Code <u>O</u> USPS Noblesville	Postoffice	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postage	\$135.00	\$403.00	8/26
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 645.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet)</small>			\$ 44,345.97		

INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board, also indicating the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

**RECIPIENT'S NAME AND MAILING ADDRESS:** Enter the full name and mailing address of each person or vendor to whom one (1) or more disbursements in an aggregate amount exceeding \$100 (\$200 if regular party committee) have been made.

ALSO

Enter the full name and mailing address of each political committee that has received a transfer-out from a reporting committee. The reporting committee of a transfer-out from a political committee is different from the reporting committee of an expenditure to a person. Each transfer-out, regardless of amount, must be itemized.

**NOTE:** Under normal circumstances, you should not list a credit card issuer as a recipient. If making a payment with a credit card, list the vendor, NOT the credit card company. Also note that any unpaid credit obligation should be listed on Schedule D, Debts Owed By This Committee.

**EXPENDITURE CODES:** In the box at the upper left corner of the "Recipient's Name and Mailing Address" section, enter the expenditure code for each entry from the following codes:

**Code:** 0  
**Expenditure Type:** Contributions

**Expenditure Definition:** Object and in-kind contributions the campaign can legally make to other campaign committees, community organizations, or groups. In the description column, the entry is directed to specific identified and, if in-kind, what was purchased.

**Code:** 1  
**Expenditure Type:** Fundraising

**Expenditure Definition:** Expenses directly or indirectly associated with holding a fundraiser, including payments to entertainers, hotels and caterers, other food and refreshment vendors, and speakers. *\*Filers are directed to use an "A" for expenditure for printed matter produced in connection with fundraising.*

**Code:** 2  
**Expenditure Type:** Advertising

**Expenditure Definition:** Expenditures associated with the production, design, printing, copy, and printing, reproduction and purchase of advertising and campaign communications include:

- Radio and television advertising
- Advertising in newspapers, periodicals, and other publications
- Advertising on billboards and brand signs
- Campaign merchandise such as buttons, bumper stickers, T-shirts, hats, etc.
- Websites
- Campaign literature
- Printed solicitations
- Fundraising letters
- Mailing lists

**Code:** 3  
**Expenditure Type:** Operations

**Expenditure Definition:** General campaign operating expenses and overhead including:

- Wages, salaries and benefits associated with hiring campaign employees and other paid workers who provide miscellaneous services
- Contracts, fees, and commissions paid to campaign management companies and contract consultants including law firms
- Headquarters purchase or rental
- Utilities
- Purchase or rental of office equipment and furniture for the campaign
- Surveys and Polls – Including expenditures associated with the design and production of polls, election trend reports, voter surveys, telemarketing, telephone banks, Get Out The Vote drives, etc.
- Postage – including stamps, or metered postage, direct mail services and delivery services like United Parcel Services and Federal Express
- Travel – including fares, accommodations, and meals from campaign trips

**RECIPIENT'S OCCUPATION/OFFICE SOUGHT:** Enter the recipient's occupation, and if applicable, the office sought. For example, "printer" or "candidate, State Representative District 5."

**TYPE OF EXPENDITURE:** Check the type of expenditure. For "other", describe the type of expenditure.

**PURPOSE OF EXPENDITURE:** Enter the purpose of the expenditure or transfer-out. Be specific. Indicate any reimbursement.

**COLUMN A AMOUNT THIS PERIOD:** Enter the amount of each expenditure and transfer-out, including in-kind for this reporting period.

**COLUMN B CUMULATIVE YEAR-TO-DATE:** Enter the cumulative expenditure and transfer-out, including in-kind for calendar year-to-date.

On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.

**DATE OF EXPENDITURE:** Enter the month, day, and year of the expenditure or transfer-out. Use the following guidelines to determine the proper date to use:

FOR	USE
Payment of bill	The date the bill was actually paid (by placing a check in the mail or tendering cash in person).
Transfer-out	The date the check was written to a candidate's, legislative caucus, political action, or regular party committee.
In-kind	The date the material was given or service provided.

**SUBTOTAL OF THIS PAGE OF SCHEDULE B:** Enter the subtotal for this page of Schedule B. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE B.

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY:** Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule B. Also enter this figure on ITEM 17a of the Summary Sheet.





REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4500 (12/11-05)  
Indiana Election Commission (IC 3-5-14)

(CFA-4 SCHEDULE C)  
ITEMIZED EXPENDITURES  
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committee in reporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER

Page 1 of 1

QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local  
Position: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, zip)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
SUBTOTAL THIS PAGE OF SCHEDULE C			\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 0.00		

INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

**PUBLIC QUESTION INFORMATION:** Enter the text of the public question as it appears on the ballot or the general subject of the question if exact language has not been determined.

Check the appropriate box indicating whether the public question is statewide or local.

Check the appropriate box indicating whether the committee supports or opposes approval of the public question.

**RECIPIENT'S NAME:** Enter the full name and mailing address of the person or political committee to whom one (1) or more disbursements have been made.

ALSO

**EXPENDITURE CODE:** In the box at the upper left corner of the "Recipient's Name and Address" column, enter the expenditure code for each entry from the following list of codes:

Code: C  
Expenditure Type: Contribution

**Expenditure Definition:** Contributions to the campaign can legally make only the campaign committee, community and caucus committees. In the description column, the filer is directed to provide a brief and if in-kind, what was purchased.

Code: C  
Expenditure Type: Contribution

**Expenditure Definition:** Expenditures direct or in-kind, associated with holding a fundraiser, including caterers, restaurants, hotels and caterers, general entertainment, entertainers, and speakers.

*\*Filers are directed to enter all expenditures associated matter produced in campaign or political action committee.*

Code: C  
Expenditure Type: Contribution

**Expenditure Definition:** Expenditures associated with the production, design, photographing, layout, printing, reproduction, and purchase of advertising and campaign communications including:

- Radio and television advertising
- Advertising in newspapers, periodicals, and other publications
- Advertising on billboards and signs
- Campaign literature including bumper stickers, T-shirts, etc.
- Websites
- Campaign materials
- Printed materials
- Fundraising materials
- Mailing lists

Code: O  
Expenditure Type: Operations

**Expenditure Definition:** General campaign operating expenses and overhead including:

- Wages, salaries and benefits associated with hiring campaign employees and other paid workers who provide miscellaneous services
- Contracts, fees, and commissions paid to campaign management companies and contract consultants including law firms
- Headquarters purchase or rental
- Utilities
- Purchase or rental of office equipment and furniture for the campaign
- Surveys and Polls – Including expenditures associated with the design and production of polls, election trend reports, voter surveys, telemarketing, telephone banks, Get Out The Vote drives, etc.
- Postage – including stamps, or metered postage, direct mail services and delivery services like United Parcel Services and Federal Express
- Travel – including fares, accommodations, and meals from campaign trips

**RECIPIENT'S OCCUPATION:** Enter the recipient's occupation. For example, "printer."

**TYPE OF EXPENDITURE:** Check the type of expenditure. For "other", describe the type of expenditure.

**PURPOSE OF EXPENDITURE:** Enter the purpose of the expenditure or transfer-out. Be specific. Indicate any reimbursement.

**COLUMN A AMOUNT THIS PERIOD:** Enter the amount of each expenditure and transfer-out, including in-kind for this reporting period.

**COLUMN B CUMULATIVE YEAR-TO-DATE:** Enter the cumulative expenditure and transfer-out, including in-kind for calendar year-to-date.

On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.

**DATE OF EXPENDITURE:** Enter the month, day, and year of the expenditure or transfer-out. Use the following guidelines to determine the proper date to use:

FOR	USE
Payment of bill	The date the bill was actually paid (by placing a check in the mail or tendering cash in person).
Transfers-out	The date the check was written to a political action committee.
In-kind	The date the material was given or service provided.

**SUBTOTAL OF THIS PAGE OF SCHEDULE C:** Enter the subtotal for this page of Schedule C. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE C.

**TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY:** Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule C. Also enter this figure on ITEM 17a of the Summary Sheet.



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4C-1 (2017-18)  
Indiana Election Commission (IC 3-3-5-11)

(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE

**INSTRUCTIONS:** Please print legibly in BLACK INK. For assistance in completing this schedule, see instructions on the reverse side. List all debts owed by the committee, regardless of the amount, OWED BY the committee during the reporting period. List all accounts owed for or to financial institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor by credit card issued by the name of the committee in the ENDORSER'S column. A lender's occupation is required if the lender makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR & MAILING ADDRESS (street, number, city, state, zip)	ENDORSER'S ADDRESS (if any) (city, state, zip code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D				\$	0.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$	0.00

INSTRUCTIONS FOR COMPLETING THIS FORM

This schedule is used to document debts OWED BY the committee totaled on ITEM 19 of the Summary Sheet.

In addition to disclosing the loans or debts owed by the committee within the reporting period, you must report all previous loans or debts owed by the committee in every subsequent report until the debt is extinguished.

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also, indicate the number of pages being used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

**CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS:** Enter the creditor's or lender's full name and mailing address. For the purpose of this reporting requirement, a creditor or lender may be an individual, business, lending institution, or another committee who has advanced money or things of value to the committee with the understanding that the committee will pay back the debt with or without interest. A debt may be evidenced by a promissory note, credit purchase, committee credit card account, or any other document showing an unpaid debt. For a credit card account in the name of the committee, list the name of the credit card issuer.

**ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS:** Enter the full name and mailing address of all co-makers, co-signers, co-endorsers, or endorsers, if the debt owed by the committee was secured by another entity. For committee credit card debts, also list the name and address of the vendor. If not, list only one vendor per credit card, list each vendor in this column, but do not re-enter the card issuer. Enter the vendor's name.

**AMOUNT:** For a loan, enter the actual amount of the loan (principal), not the interest charged for the loan. Interest paid on a loan and other finance charges are treated as expenditures by the committee and must be reported on Schedule B. The amount of the **principal** is treated as a receipt by the committee and must be reported on Schedule A.

For committee credit card purchases, enter the amount of each transaction.

**NATURE OF DEBT:** Enter the nature of the debt. This requires a short description of the type of debt owed by the committee. Example: "loan", "promissory note", "credit purchase", "committee credit card account."

**DATE DEBT INCURRED:** Enter the date the debt or debt owed by the committee was incurred. For example, if the committee borrowed money from a bank, the date the committee gave a promissory note evidencing the loan, the date the note was **signed** by the committee is the date the debt was incurred.

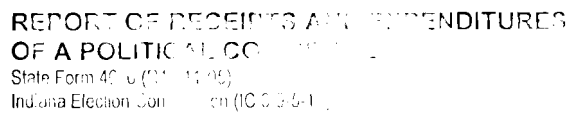
If the committee is a non-tax-exempt entity, the date the debt was incurred is the date of the transaction as shown on the account statement would be entered.

**CUMULATIVE PAID PRINCIPAL:** Enter the amount that has been repaid on the principal of any loan received by the committee at the end of this reporting period. The principal on a loan is considered an expenditure by the committee and must be reported on Schedule B. For committee credit card transactions, list the **total amount paid to the credit card issuer. Do not enter the amount of each vendor's purchase on the schedule.**

**OUTSTANDING DEBT:** Enter the outstanding balance of the debt owed by the committee. You must continue to report the outstanding balance until the debt is extinguished. For committee credit card transactions, enter the balance to the credit card issuer. **Do not enter the amount of each vendor transaction in this column.**

**SUBTOTAL THIS PAGE:** Enter the subtotal for this page of Schedule D. If there is only one page of this schedule, the figure is the same as the **TOTAL OF ALL PAGES OF SCHEDULE D.**

**TOTAL OF ALL PAGES OF SCHEDULE D:** Enter the total amount of all debts owed by the committee. **(ON THE LAST PAGE ONLY):** Enter (ON THE LAST PAGE ONLY) the total amount of all debts owed by the committee. Enter the total amount of the Summary Sheet.



## FILE NUMBER

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INSTRUCTIONS FOR COMPLETING THIS FORM

This schedule is used to document amounts OWED TO the committee totaled on ITEM 20 of the Summary Sheet.

In addition to disclosing the loans or debts owed to the committee within the reporting period, you must also report all previous loans or debts owed to the committee in every subsequent report until the debt is extinguished.

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also, indicate the number of pages this schedule is comprised of to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

**BORROWER'S NAME AND MAILING ADDRESS:** Enter the full name and mailing address of the person to whom the reporting committee has made a loan within the reporting period.

**CO-SIGNER'S NAME AND MAILING ADDRESS:** Enter the full name and mailing address of all co-makers, co-signers, co-endorsers, or endorser(s), if the loan made by the reporting committee was secured by another entity.

**ORIGINAL AMOUNT:** Enter the original amount the reporting committee initially loaned to another person.

**NATURE OF DEBT:** Enter the nature of the debt to be collected by the reporting committee. This requires a short description of the purpose of the loan to the committee, such as a "loan."

**DATE OBLIGATION INCURRED:** Enter the month, day and year that initial loan of credit was made by the committee.

**CUMULATIVE PAID YEAR-TO-DATE:** Enter the total amount of principal repaid to the committee on a debt owed to the committee. Principal repaid on a debt owed to the committee is treated as a receipt and reported on Schedule A. If the reporting committee reports to a committee on a loan, the amount of interest received for each reporting period is treated as a receipt and reported on Schedule A.

**OUTSTANDING BALANCE:** Enter the outstanding balance of the debt to be collected by the committee. You must continue to report the outstanding balance of the debt to be collected by the committee on each report until the debt is extinguished.

**SUBTOTAL THIS PAGE OF SCHEDULE E:** Enter the subtotal for this page of Schedule E. If there is only one page on this schedule, this figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE E**.

**TOTAL OF ALL PAGES ON SCHEDULE E (ON THE LAST PAGE ONLY):** Enter (ON THE LAST PAGE ONLY) the total amount of principal repaid to the committee. Also enter this figure on ITEM 20 of the Summary Sheet.